



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 9-4-06.

Mary Meegan
Mary Meegan

In Re Application of:

Bagley, et al.

Group Art Unit: **3731**

Serial No.: **10/734,500**

Examiner: **Pous, Natalie**

Filed: **12-12-03**

Docket No. **150-PDD-00-14DIV**

For: **Articulating Stone Basket**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal
Request for Continued Examination (RCE) Transmittal
Terminal Disclaimer
Response to Final Office Action
Authorization to Charge Credit Card in the Amount of \$920.00

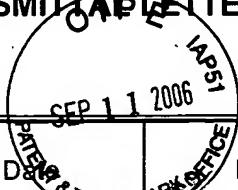
Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMISSION LETTER (LARGE)

Docket No.

Applicant(s): Bagley, et al.

150-PDD-00-14DIV

Serial No.
10/734,500Filing Date
12-12-03Examiner
Pous, NatalieConfirmation No.
1614Group Art Unit
3731

Invention: Articulating Stone Basket

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450

Transmitted herewith are the RCE and Terminal Disclaimer in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0	X \$25.00	\$0
INDEP. CLAIMS	1 -	3 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>			\$180.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$
Other Fees: RCE and Terminal Disclaimer					\$920.00
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$920.00

No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
 A check in the amount of _____ to cover the filing fee is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$760.00.
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. _____

David R. Risley, Reg. No. 39,345

9/6/06

Date